

JAN 23 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40343

1. PLACE OF DEATH

County Henry
Township
City Clinton Mo (No.)

Registration District No. 247
Primary Registration District No. 3018

File No.
Registered No. 143
St. Ward

2. FULL NAME Nancy Josephine Gaines

(a) Residence No. 709 B St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. W Gaines

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Do Not Know positively

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 54

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employee) in own home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Salisbury
(STATE OR COUNTRY) North Carolina

10. NAME OF FATHER Quincy Hannah

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dont Senow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Grant Kluw
(STATE OR COUNTRY)

14. INFORMANT Chas. Gaines Jr
(Address) Clinton - Mo

15. Dec 5, 28 Dr. E. C. Peeler
FILED per JH REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 2, 1928, to Dec 3, 1928, that I last saw him alive on Dec 3, 1928, and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

dilatation of heart with hypertrophy
95B
95A (duration) about ten or twelve yrs. mos. da.

CONTRIBUTORY (SECONDARY) suicidal abortion (duration) few days yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 9018
NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Paralysis

(Signed) Paralysis, M. D.
, 19 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL Dec 5 1928

20. UNDERTAKER Spore & son ADDRESS Clinton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

